Waiver of Treatment(s) or Test(s)

Owner/Authorized Agent: _____

Address: _____

Patient Name: _____ Species: _____

Breed: _____ Date of Birth: _____

Sex: _____ Color/Description: _____

Treatment(s) or Test(s) Recommended:

I understand that it is best for _____ to have a heartworm test prior to refill on heartworm preventative. Infected dogs placed on heartworm preventative can have damage to the heart.

Treatment(s) or Test(s) Statement:

As owner or authorized agent of the owner of the animal described above, I have decided not to proceed with the treatment(s), vaccines or test(s) recommended above. The reasons for the procedures/vaccines have been fully explained to me as well as the risks inherent in not proceeding with them. In making this decision I agree to absolve 4 Paws Veterinary Care, Dr. Lisa Wiggins and the staff employed by the practice of any responsibility for the consequences of this decision. I have read and understand this waiver and I am over the age of eighteen.

Name: _____
(Please print name)

Signed: _____
(Signature) I certify that if I am signing as an agent, I have the authority to execute this consent.

Date: _____

Witness: _____ Date: _____

March 21, 2012